



COMMONWEALTH OF KENTUCKY
OFFICE OF FINANCIAL INSTITUTIONS

DIVISION OF FINANCIAL INSTITUTIONS

1025 Capital Center Drive, Suite 200 • Frankfort, Kentucky 40601
Telephone (502) 573-3390 • Toll Free (800) 223-2579 • FAX (502) 573-8787 • <http://www.kfi.ky.gov>

I thank you for your interest in the Money Transmission Business in Kentucky.

The Kentucky Office of Financial Institutions (OFI) is pleased to provide you with the accompanying application for a Money Transmitter license. If you intend to be in the business of money transmission or issuing stored value in this Commonwealth, then you must apply for a Money Transmitter license. The failure to license as a money transmitter, or be designated as an agent of a money transmitter, can result in civil and criminal penalties.

Please read the instructions carefully. Incomplete, incorrect, or erroneous answers to requested information may cause delays in processing, and can ultimately result in a license application being denied or an issued license being revoked.

You must complete and return all of the attachments and provide responsive answers to all of the requested information. If an attachment, material fact, or requested information does not apply to your situation, then clearly note that it does not apply and why.

Applicants, licensees, agents are expected to be knowledgeable of, and in compliance with, the Kentucky Money Transmitter Act of 2006, the rules adopted to implement the law, and any other applicable state or federal statutes or rules. Copies of the law and rules are enclosed for your reference.

The OFI may consider many factors in determining eligibility for licensing, including financial responsibility, experience, character, and general fitness. The OFI may also consider: 1) a company's complaint history in Kentucky or other jurisdictions, 2) owner, officer or employee involvement with other business enterprises, 3) an applicant's credit history, or 4) any information that gives OFI cause for concern that the business will not be operated honestly, fairly and efficiently.

Please don't hesitate to contact us for assistance after you've read the instructions. You may reach us via phone or e-mail, or request an appointment for a pre-filing conference in our office in Frankfort, Kentucky.

Thank you,

Cordell G. Lawrence
Executive Director

KENTUCKY MONEY TRANSMITTER LICENSE APPLICATION

READ INSTRUCTIONS BEFORE BEGINNING!

The instructions and information contained herein are an integral part of the application. Please read them carefully, and follow the directions precisely. Failure to follow the instructions completely may result in a delay in the processing and issuance of a license, a rejection or denial of the application, or revocation of an issued license.

We suggest that you make a blank copy of all forms in the application package before you begin. Please print or type all information in dark ink.

ADDRESS AND ASSISTANCE

Application packages are considered incomplete without **all** attachments and requested information included. If you have any questions or require assistance in completing the enclosed application packet, then please contact Rodney Gabbard by telephone at (502) 573-3390, or via FAX at (502) 573-0184. You may also visit our website at www.kfi.ky.gov. Please mail your completed application package, together with all attachments, and a check for the appropriate fees payable to the "Kentucky State Treasurer" to:

Mailing Address	Office of Financial Institutions
	Division of Financial Institutions
	Attn: Money Transmitter Branch
	1025 Capital Center Drive, Suite 200
	Frankfort, Kentucky 40601

STATUTES, RULES, OPINIONS AND POLICY

The applicant, agent, and each responsible individual of the applicant, is expected to be well versed in and compliant with all sections of the Kentucky Money Transmitters Act of 2006 (KMTA), related rules, and opinions thereof. A copy of the KMTA and draft rules is available on our website. Additional copies of the KMTA and the rules may be obtained by contacting the Legislative Research Commission at (502) 564-8100 or review on the Internet at <http://www.lrc.state.ky.us>.

The Office of Financial Institutions will, upon occasion, provide interpretative letters or opinions regarding key elements of the law and rules covering money transmitters and issuers of stored value. These interpretations and opinions may be in response to specific written requests or may arise from the Department's regulatory experience.

Opinions considered being important to the majority of money transmission and stored value providers, or those policies expected to be of general knowledge by the industry, will be forwarded to you as issued. You may fax requests to Rodney Gabbard for copies of opinions or policy statements to the Division of Financial Institutions at (502) 573-0184.

Your application package will be reviewed in conjunction with complaint history or any other information the Office deems relevant in making a finding as to financial responsibility, experience, character, and general fitness.

MONEY TRANSMISSION BUSINESS INFORMATION FORM

LICENSED LOCATION:

COMPANY NAME _____
TRADE or DBA _____
NAME (IF ANY) _____

PHYSICAL ADDRESS _____

CITY/COUNTY _____
STATE/ZIP _____

MAILING ADDRESS _____

CITY/COUNTY _____
STATE/ZIP _____

TELEPHONE NUMBER () _____ FAX () _____
TOLL FREE NUMBER () _____ E-MAIL _____

CONTACT PERSON _____

MONEY TRANSMISSION BUSINESS ACTIVITIES CONDUCTED THROUGH *(check all that apply)*:

☐ COMPANY OWNED OUTLETS ☐ AGENTS
☐ SUBSIDIARIES or AFFILIATES ☐ OTHER (explain) _____

BUSINESS STRUCTURE *(check one)*:

☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC ☐ OTHER _____

FEDERAL TAX IDENTIFICATION NUMBER: _____
KENTUCKY CORPORATION ID NUMBER: _____

FINANCIAL INSTITUTION WHERE PAYMENT INSTRUMENTS WILL BE MADE DRAWN OR MADE PAYABLE *(provide voided check or deposit slip)*:

NAME OF BANK: _____
ADDRESS OF BANK: _____
TELEPHONE NUMBER OF BANK: _____
ACCOUNT NUMBER: _____

AUTHORIZATION FOR VERIFICATION - COMPANY

TO WHOM IT MAY CONCERN

I, the undersigned official, of the company noted above, hereby authorize and request you to provide the Office of Financial Institutions of the Commonwealth of Kentucky, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for a money transmission license, or for the purpose of conducting an investigation in accordance with Chapter 366A, Laws of 2006 (Substitute Senate bill 123) and rules adopted there under.

BY: _____
Signature of Authorized Official

Date

Printed name of Authorized Official

Title

MONEY TRANSMISSION BUSINESS INFORMATION FORM (CONTINUED)

Each Material Fact should be a separate page, clearly marked, and submitted in the order listed. Applications will be deemed incomplete without this information. Either a check mark or “N/A” for “not applicable” should be placed next to each fact listing on this form. A check mark indicates that the item is attached.

MATERIAL FACT 1 – COMPANY CONTACT

Provide the name, title, address, phone number, fax number, and e-mail address of the contact individual for this application and future compliance issues. If the contact is different for current application versus future compliance, then provide information for this person.

MATERIAL FACT 2 – SURETY BOND OR OTHER SIMILAR SECURITY

1. Disclose a one-line dollar figure that represents the total volume of money transmissions that were transferred in Kentucky over the past twelve (12) months.
2. Money Transmitter applicants must provide a surety bond in the minimum amount of \$500,000 on the form enclosed. After review of the application, the Office of Financial Institution (OFI) may require that the applicant provide a surety bond in an amount up to a maximum of \$5,000,000, upon the basis of the financial condition of the applicant, as evidenced by net worth, transaction volume, or other relevant criteria. Only bonds issued by an independent surety company authorized to do a surety business in this Commonwealth will be accepted. Both the applicant representative and the surety representative must sign the bond, and attach a valid power of attorney form. Note: the information provided on the face of the bond must be accurate or the bond will be rejected as invalid. **The original, signed and sealed bond must be submitted with the application.**
3. An applicant wanting to substitute similar security other than the required surety bond must contact the OFI prior to submitting the application to determine if the substitute security is acceptable.

MATERIAL FACT 3 – OWNERSHIP

Provide information on all business relationships affecting ownership, including sole proprietors. Include a list of owners, including sole proprietors and their percent of ownership, other interests owned by each stockholder, parent companies, affiliates, and subsidiaries of the applicant. Include company names, addresses, telephone numbers, contacts, and types of business conducted. Provide a brief description (or organizational flow chart) of each relationship. To help us in our review, **please be sure this attachment answers these questions:**

- (1) Who owns this company? (Publicly traded or owners, stockholders, partners, proprietor and spouse)
- (2) What percent does each person own? (20% or more is a “key shareholder”, 25% or more is a “controlling person”)
- (3) Does any “principal” or “controlling person” own or control any other business? (This is an “affiliate” – organizational charts are helpful)
- (4) Who else controls this company? (Managers, officers, key shareholders, directors, etc.)

MATERIAL FACT 4 – RESPONSIBLE INDIVIDUAL

Identify the person within this company who will serve as the “responsible individual” with principal managerial authority over the money services provided by the applicant in Kentucky. Attach a five (5) year employment history and a completed Individual Background Form (IBF material fact 5) for the responsible individual.

MATERIAL FACT 5 – INDIVIDUAL INFORMATION

Complete a separate Individual Background Form (IBF) for each person holding a position listed at the top of the form.

MONEY TRANSMISSION BUSINESS INFORMATION FORM (CONTINUED)

MATERIAL FACT 6 – KENTUCKY AGENTS, LOCATIONS & PROCEDURES

- (1) Submit a list of all agents in Kentucky, physical location(s), and telephone number(s) from which the applicant or its agent(s) intend to conduct money transmission business.
 - (a) Separate the listings by type of location (company owned outlet, agent, subsidiary, and affiliate).
 - (b) Each listing should include the entity name, contact name, business & mailing addresses, phone/fax/e-mail/website, and Vehicle Identification Number (VIN) for each mobile facility.
- (2) Enclose a sample contract for agents, including the method used to screen agents for criminal history.
- (3) Enclose a sample payment instrument.
- (4) Submit a history, including a list and description of all location(s) from which the applicant has conducted money transmission business prior to the filing of the application.
- (5) Enclose a copy of the written procedures that will be provided by the applicant to its agent(s).

MATERIAL FACT 7 – KENTUCKY BUSINESS LICENSES

Please contact the Business Information Clearinghouse at (800) 626-2250, to determine what business licenses you will be required to obtain. You will need to register your business with the Kentucky Secretary of State and Kentucky Department of Revenue in order to conduct business in the Commonwealth of Kentucky. Other licenses may be required depending on the location of the business. A copy of these documents is **not** required with your application. The Office of Financial Institutions will verify your registration with these entities as necessary.

MATERIAL FACT 8 – CERTIFICATE OF EXISTENCE/AUTHORITY

If the applicant is a corporation, partnership, or LLC, then:

- (1) Please contact the Kentucky Secretary of State, Corporations Division, (502) 564-2848, to register your company. A copy of the Certificate of Authority is required with this application.
- (2) Provide a copy of the filed Articles of Incorporation.
- (3) Provide a copy of Certificate of Good Standing from state or country where the applicant was formed or incorporated.

MATERIAL FACT 9 – US TREASURY MONEY SERVICES REGISTRATION & PROGRAMS

- (1) Money Services Businesses (MSB), which includes money transmitters and issuers of stored value, must register with the Financial Crimes Enforcement Network, a division of the United States Department of Treasury. Please enclose a copy of the applicant's MSB letter of acknowledgement from the United States Department of Treasury. Information regarding MSB responsibilities under federal law can be obtained at www.msb.gov, or request a package of information by phoning 1-800-949-2732.
- (2) Provide a copy of the *Anti Money Laundering Program* used by the applicant company.

MATERIAL FACT 10 – RECORDS LOCATION

Provide the location(s) where records will be kept. This is for the purpose of periodic review, examination and investigation by the Office of Financial Institutions. Records may be maintained at a location outside of Kentucky. If the records are maintained outside the boundaries of Kentucky, then the records must be made accessible to the OFI within seven (7) business days of the request. All records must be maintained for a period of five (5) years.

MATERIAL FACT 11 – REGISTERED PROCESS AGENT

Please provide the name, address, telephone number, social security number, and date of birth of the individual named as registered process agent.

- (1) If your office is outside the borders of Kentucky, you must maintain a registered process agent inside Kentucky.
- (2) If your office is within the borders of Kentucky, the use of a registered process agent is *optional* (your office staff may serve as registered process agent). However, if your company has used a registered process agent when filing with other Kentucky state agencies, please provide this office with information about *that* registered process agent.

MATERIAL FACT 12 – REFERENCES FROM OTHER STATES OR COUNTRIES

If the applicant is or has ever been licensed to engage in any money services business (money transmission, stored value, sale of checks, etc), or similar money service business, in any other jurisdiction or country, follow these instructions:

- (1) Provide a list of all states or countries in which you are or were licensed. This list should include name of licensee; type of license; license number; name, address, phone, fax, and contact person of the regulatory entity issuing the license.
- (2) Use the attached state or country reference check list. Place a check mark in each state where the applicant has ever held a money services license. Submit this checklist with the list requested in line item (1).

MATERIAL FACT 13 – FINANCIAL STATEMENTS

Financial statements must be prepared in accordance with “generally accepted accounting principles” and must include a balance sheet (statement of assets and liabilities) and profit and loss statement.

- (1) Provide a current financial statement as of the most recent quarter end for the applicant business (or personal financial statements for sole proprietorship).
- (2) Enclose a copy of your most recent audited financial statement and, if available, audited financial statements for the prior two years.
- (3) Provide the method and source of capitalization and credit that will be used to conduct money transmission in Kentucky.
- (4) If applicant is a wholly-owned subsidiary of another corporation, you may submit either the parent’s consolidated audited financial statements for the current year and prior two years, or the parent’s Form 10K reports filed with the United States Securities & Exchange Commission for the prior three years in lieu of the financial statements. If the corporation is publicly traded outside of the United States, then you may submit similar documentation for the current year and prior two years that has been filed with the regulator of the parent corporation’s domicile.
- (5) Include list of permissive investments held by the applicant. The list should include a percentage of ownership in each investment. At all times, the total amount of permissive investments must equal the aggregate amount of all outstanding payment instruments.
- (6) Include a list of the name, address, and telephone number of the clearing bank or bank(s) on which the applicant’s payment instruments will be drawn or will be payable.

MATERIAL FACT 14 – BANKRUPTCY, REORGANIZATION OR RECEIVERSHIP

Is there presently or has there ever been any bankruptcy, reorganization or receivership proceeding involving the applicant or responsible individual? If the answer is “yes”, then please list all bankruptcy, reorganization or receivership proceedings filed by or taken against the applicant or responsible individual and provide a detailed explanation for each, including current status or final disposition.

MATERIAL FACT 15 – DISCIPLINARY HISTORY

- (1) Is there presently or has there ever been any regulatory investigation, administrative action, or enforcement action (revocations, suspensions, probation or restrictions), including any violation of the Bank Secrecy Act (31 U.S.C. sections 5311-5332 and 31 C.F.R. part 103), against the applicant, responsible individual, executive officer, key shareholder, in any other jurisdiction, regardless of whether the applicant, responsible individual, executive officer, or key shareholder, has admitted liability or fault? If the answer to this question is “yes”, then please list all regulatory actions taken against the applicant, responsible individual, executive officer, key shareholder, and provide a detailed explanation for each, including current status or final dispositions.
- (1) Are you aware of any regulatory or complaint investigations in any jurisdiction for which findings have yet to be entered? If the answer to this question is “yes” please provide a detailed explanation.

- (3) Please provide a list of complaints by jurisdiction and year that have been filed against the applicant, responsible individual, executive officer, key shareholder in the last ten (10) years. The OFI may request a copy of any regulatory investigation, administrative action, or enforcement action from the applicant or responsible individual which shall be promptly provided to the OFI within ten (10) working days of the date of the request from OFI.

MATERIAL FACT 16 – CRIMINAL HISTORY

- (1) Is there presently or have there ever been any criminal investigation or proceeding against the applicant, responsible individual, executive officer, or key shareholder in any jurisdiction, regardless of whether the applicant, responsible individual, executive officer, or key shareholder has admitted liability or fault? This includes any felony or misdemeanor conviction, but does not include any traffic violation. This also includes any criminal proceedings where the results have been expunged, sealed, deferred or pardoned. If the answer is “yes”, then please list all criminal actions taken against the applicant, responsible individual, executive officer or key shareholder.
- (2) Please provide a complete list of complaints by jurisdiction and year that have been filed against the applicant or responsible individual in the last ten (10) years. The OFI may request a copy of any criminal conviction from the applicant or responsible individual which shall be promptly provided to the OFI within ten (10) working days of the date of the request from OFI.
- (3) Is either the applicant, executive officer, any person that exercises control over the applicant, key shareholder, agent, or responsible person that is listed on the specially designated nationals and blocked persons list prepared by the United States Department of Treasury or the United States Department of State under Presidential Order No. 13224 as a potential threat to commit terrorist acts and to finance terrorist acts? IF the answer is “yes”, then please explain the reasons and circumstances for being placed on this list.

MATERIAL FACT 17 – ASSESSMENT TRACKING

Provide your method for tracking Kentucky business separately from business conducted in other states. This is for the purpose of annual reporting and calculating surety and net worth requirements.

MATERIAL FACT 18 – APPLICATION AND LICENSEE FEE

Attach (to the front of the application package) a check payable to "Kentucky State Treasurer" for appropriate fees as prescribed by the Kentucky Money Transmitters Act. (Applicant should enclose a check for \$1000.00.

SIGNATURE AND OATH OF APPLICANT

I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of the Kentucky Money Transmitters Act of 2006 and Regulations promulgated by the Office of Financial Institutions in furtherance of such Code and provisions contained in Kentucky Revised Statutes have been reviewed by the authorized officials as listed herein, and management will be made aware of such laws and regulations and changes enacted hereafter. This application is submitted in furtherance of the applicant's desire to obtain from the Executive Director of the Kentucky Office of Financial Institutions, a license to engage in a money services business, as defined in the Kentucky Money Transmitters Act of 2006, Senate Committee Substitute Bill 123, Laws of 2006. Any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to denial of a license or the revocation of any license granted.

BY:

Signature of Authorized Official

Date

Printed name of Authorized Official

Title



MONEY TRANSMISSION BUSINESS APPLICANT INDIVIDUAL BACKGROUND FORM

This form is to be completed by each of the following individuals:

<u>Corporation</u>	<u>Limited Liability Corp</u>	<u>Partnership</u>	<u>Sole Proprietorship</u>
* Responsible Individual	* Responsible Individual	* Responsible Individual	* Responsible Individual
* Executive Officers	* Manager	* Managing Partner	* Owner
* Principals, Key Shareholders (own 25%) and Controlling Persons	* Member (own 10%)	General Partners	* Spouse of Owner
Other Officers (VP or equivalent)			
Board Directors			

* Individuals holding these "positions of control" must also provide a personal credit report which includes a public records search.

NAME OF APPLICANT (COMPANY): _____

INDIVIDUAL INFORMATION:

Last Name *First Name* *Full Middle Name*

Date of Birth _____ Place of Birth _____

Citizenship _____ Social Security Number _____

Drivers License Number: _____ State issued: _____

If the individual has ever used any other name (eg: maiden, prior marriage, nickname, etc), SSN, or DOB (including errors made by others), list below. If not, then please write none.

INDIVIDUAL'S RESIDENCE:

STREET ADDRESS _____

CITY/COUNTY _____

STATE/ZIP CODE _____

RESIDENTIAL PHONE/E-MAIL _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, and that all credit reporting bureaus shall be allowed to disclose all credit information including credit score concerning me, to the Office of Financial Institutions of the Commonwealth of Kentucky. It is understood that the Office shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature of Individual

Date

MONEY TRANSMISSION BUSINESS LICENSE APPLICANT INDIVIDUAL BACKGROUND FORM (CONTINUED)

NAME OF APPLICANT (COMPANY): _____

Individual's Last Name

First Name

Full Middle Name

INDIVIDUAL'S POSITION WITH APPLICANT _____
IF OWNER, PERCENT OF INTEREST OWNED _____

To be completed if the individual is NOT employed by the applicant:

EMPLOYER/COMPANY NAME _____
STREET ADDRESS _____
CITY/COUNTY _____
STATE/ZIP CODE _____
BUSINESS PHONE _____
POSITION _____

(1)	Are you a US Citizen? <input type="checkbox"/> No – attach proof of legal immigration status to work in the US <input type="checkbox"/> Yes
(2)	Other than the current applicant have you held any position with any money services business or related business (es) in the past five years? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(3)	During your affiliation with each business listed in number two were there any adverse or administrative actions taken by any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(4)	Have you been convicted of any crime within ten years of the date of this application in any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(5)	Are there any criminal charges against you pending as of the date of this application? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(6)	Are you presently involved in, or been subject to within 10 years, any form of civil litigation? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(7)	Have you personally, or as the principal of another business entity, ever filed for bankruptcy protection or entered into receivership? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(8)	Does your name appear on the US Treasurer's listing of Blocked Nationals? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page

MONEY TRANSMISSION BUSINESS LICENSE APPLICANT INDIVIDUAL BACKGROUND FORM
(CONTINUED)

SIGNATURE AND OATH OF INDIVIDUAL

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. Further, I have read, understand, and will comply with the provisions of the Kentucky Money Transmitters Act of 2006 and regulations promulgated by the Kentucky Office of Financial Institutions in furtherance of such Act {and provisions contained in Kentucky Administrative Regulation}. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law, including civil and criminal sanctions, and may subject the applicant to a denial of license application, or the suspension, limitation, or revocation of any license granted.

Signature

Printed Name

Date Signed



SURETY BOND TO OPERATE MONEY TRANSMISSION BUSINESS

KNOW ALL PERSONS BY THESE PRESENTS,

That _____
(if a corporation or LLC, insert full title and add the words, "a corporation organized under the laws of the State of ____";
if a partnership, insert full name of each partner and add the words "doing business under the firm name ____")

With place of business at _____ (insert full physical address),

City of _____, County of _____, State of _____, as principal,

And _____, a corporation authorized to transact surety business in the Commonwealth of Kentucky, as surety, are held and firmly bound unto the Commonwealth of Kentucky in the full

Penal sum of _____ thousand dollars (\$_____) lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Whereas, the above bounden principal has applied for a license to transact the business of money transmitting as provided by law known as the "KENTUCKY MONEY TRANSMITTERS ACT OF 2006" of the Commonwealth of Kentucky, and acts amendatory thereto.

THE CONDITIONS of the above obligation are: If the said above bounden principal, and its employees, agents, independent contractors, affiliates, and subsidiaries shall, upon the issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and all rules lawfully made by the Executive Director of the Office of Financial Institutions of the Commonwealth of Kentucky thereunder, and shall reimburse all persons who suffer loss by reason of a violation of said Act or rules adopted thereunder, then this obligation to be void; otherwise to remain in full force and effect.

Provided, That this bond is effective until canceled by the surety. This bond may be canceled by giving written notice to the Executive Director of the Office of Financial Institutions. The cancellation shall be effective 30 days from the receipt of said notice. If the bond is renewed, continued, reinstated, reissued or otherwise extended, it shall nevertheless be considered a continuous obligation and the surety upon the bond shall not be liable in an aggregate or cumulative amount exceeding the penal sum set forth on the face of the bond. In no event shall the penal sum, or any portion thereof, at two or more points in time be added together in determining the surety's liability for any or all claims.

In Witness Whereof, The said principal has hereunto set his hand and seal and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed on this _____ day of _____, 20____. Bond Number _____

(Corporate Seal of the Surety)

Principal

By: _____
(Printed Name)

By: _____
(Signature)

Surety

By: _____
(Printed Name)

By: _____
(Signature)

Jurisdiction	MT	Jurisdiction	MT	Jurisdiction	MT	Jurisdiction	MT
Alabama	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	New jersey	<input type="checkbox"/>	Texas	<input type="checkbox"/>
California	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	New York	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	Maine	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Washington	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>
Guam	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	Explanation of N/A	
Other Country: (List and provide contact information)	<input type="checkbox"/>						



**BUSINESS FINANCIAL STATEMENT
AND RELATED WORKSHEETS**
(these are provided as a courtesy and are not required.)

Name of Business:	
Trade Name:	
Prepared By:	
Statement of Financial Condition as of what date? (mm/dd/yr)	Date:
What period of time does the Statement of Financial Condition Cover? (mm/dd/yr)	Start Date: End Date:
Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
<input type="checkbox"/> Audited Financial Statement (prepared according to Generally Accepted Accounting Principles (GAAP) Attach most recent	

APPLICANT		CO-APPLICANT	
Full Name		Full Name	
Physical Address		Physical Address	
City/State/Zip		City/State/Zip	
County		County	
Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
County		County	
Since		Since	
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Work Phone:	Work FAX:	Work Phone:	Work FAX:
Employer		Employer	
Address		Address	
Position/Title		Position/Title	
Previous Employer		Previous Employer	
Dependents (include self)		Dependents (include self)	
Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> N/A		Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> N/A	

(Round to the nearest \$100)			
ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS:		CURRENT LIABILITIES:	
Cash (schedule 1a)	\$	Accounts Payable (Schedule 6)	\$
Certificates of Deposit (Schedule 1b)		Accrued Interest on Borrowings	
Stock, Bonds, & Other Marketable Assets (Sch. 2)		Notes Payable - Current Portion	
Accounts, Loans, & Notes Receivable (Sch. 3)		Accrued Taxes on Real Estate (Schedule 7)	
Advances to Employees		Accrued Taxes, Other (Schedule 7)	
Prepaid Expenses (Schedule 4)		Other Current Payables (Itemize)	
Other Current Assets (Itemize)			
		TOTAL CURRENT LIABILITIES	\$
TOTAL CURRENT ASSETS	\$	LONG-TERM LIABILITIES:	
		Notes Payable (Itemize)	\$
FIXED ASSETS:			
Real Estate & Buildings (Schedule 5)	\$		
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles		Notes Payable on Real Estate (Schedule 5)	
Less: Accumulated Depreciation		Other Long-Term Liabilities (Itemize)	
Other Fixed Assets (Itemize)			
Other Long Term Assets (Itemize if over 5% of total)		TOTAL LONG-TERM LIABILITIES	\$
		NET WORTH OR STOCKHOLDERS' EQUITY	\$
		(Schedule 8)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

Assets pledged or hypothecated valued at \$_____ are pledged to secure notes or obligations aggregating \$_____.
I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$_____.

SCHEDULES

Schedule 1a: Cash, Savings

Name of Bank or Financial Institution and Address	Account in Name Of	Type of Account	Account Number	Acct Balance
			TOTAL	

Schedule 1b. Certificates of Deposit.

Name of Financial Institution and Address	Account in Name Of	If Pledged, State to Whom	Maturity Date	Account Number	Balance
				TOTAL	

Schedule 2. Stocks, Bonds & Other Marketable Assets.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 3. Accounts, Loans & Notes Receivable.

Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owning
				TOTAL	

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	

Schedule 5. Real Estate & Buildings.

Location or Street No. & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
		TOTAL	

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
		TOTAL	

Schedule 8. Net Worth or Stockholders' Equity.

CORPORATIONS	
Type	Amount
Common Stock (____ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
TOTAL	

STATEMENT OF INCOME AND EXPENSES

For The Period _____, _____ To _____, _____

INCOME:

_____	_____
_____	_____
Other Income (Itemize)	_____
_____	_____
_____	_____

TOTAL INCOME _____(+)

EXPENSES

Advertising	_____
Cash (Over) Short	_____
Depreciation & Amortization	_____
Equipment Rental	_____
Insurance	_____
Interest & Bank Charges	_____
Legal, Audit, Bookkeeping	_____
Office Supplies	_____
Rent	_____
Salaries	_____
Security & Janitor	_____
Taxes & Payroll	_____
Utilities & Telephone	_____
Vehicle Expense	_____
Other Expenses (Itemize)	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES _____(+)

NET OPERATING INCOME (LOSS) _____

OTHER INCOME (EXPENSES)
(Itemize)

_____	_____
_____	_____
_____	_____

TOTAL OTHER INCOME (EXPENSES) _____(+)

INCOME BEFORE TAXES _____

INCOME TAXES _____(-)

NET INCOME (LOSS) _____

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20__	20__	Current*	Projected
Sales				
Dividends				
Interest				
Royalties				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20__	20__	Current*	Projected
Expenses				
Bank Loan – Principal and Interest				
Others Loans – Principal and Interest				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

**Itemize any items amounting to 10% or more of total income on separate page.

I hereby certify under penalty of perjury under the laws of the Commonwealth of Kentucky that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is true and correct and complete and further acknowledge that there are no misrepresentations or omissions of material facts.

Dated and signed this ____ day of _____, 20____.

(Signature)

(Typed or Printed Name)

(Title)

Income and Expenses	20__	20__	Current*	Projected
INCOME (Itemize):				
TOTAL INCOME				
EXPENSES				
Advertising				
Cash (Over) Short				
Depreciation & Amortization				
Equipment Rental				
Insurance				
Interest & Bank Charges				
Legal, Audit, Bookkeeping				
Office Supplies				
Rent				
Salaries				
Security & Janitor				
Taxes & Payroll				
Utilities & Telephone				
Vehicle Expense				
Other Expenses (Itemize)				
TOTAL EXPENSES				
NET OPERATING INCOME (LOSS)				
OTHER INCOME (EXPENSES)				
TOTAL OTHER INCOME (EXPENSES)				
INCOME BEFORE TAXES				
INCOME TAXES				
NET INCOME (LOSS)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported and annualize the data.

SUMMARY CHECKLIST: To ensure that you are submitting a complete application packet, we have created this summary checklist for your convenience. Please use this summary checklist as an aid to make certain that you have completed all required answers included on the application form.

Application Packet Introduction Letter

Kentucky Money Transmitter license application contents

- Application form instructions
- Statutes, Rules, Opinions And Policy

☐ Money transmission business information form

☐ Material Facts:

- | | | | |
|--------------------------|----------------------|----|--|
| <input type="checkbox"/> | Material fact number | 1 | Company Contact |
| <input type="checkbox"/> | Material fact number | 2 | Surety Bond or Other Similar Security |
| <input type="checkbox"/> | Material fact number | 3 | Ownership |
| <input type="checkbox"/> | Material fact number | 4 | Responsible Individual |
| <input type="checkbox"/> | Material fact number | 5 | Individual Information |
| <input type="checkbox"/> | Material fact number | 6 | Agents, Locations and Procedures |
| <input type="checkbox"/> | Material fact number | 7 | Kentucky Business Licenses |
| <input type="checkbox"/> | Material fact number | 8 | Certificate Of Existence/Authorization |
| <input type="checkbox"/> | Material fact number | 9 | US Treasury Money Services Business Registrations and Programs |
| <input type="checkbox"/> | Material fact number | 10 | Records Location |
| <input type="checkbox"/> | Material fact number | 11 | Registered Process Agent |
| <input type="checkbox"/> | Material fact number | 12 | References from Other States or Countries |
| <input type="checkbox"/> | Material fact number | 13 | Financial Statements |
| <input type="checkbox"/> | Material fact number | 14 | Bankruptcy, Reorganization or Receivership |
| <input type="checkbox"/> | Material fact number | 15 | Disciplinary History |
| <input type="checkbox"/> | Material fact number | 16 | Criminal History |
| <input type="checkbox"/> | Material fact number | 17 | Assessment Tracking |
| <input type="checkbox"/> | Material fact number | 18 | Application and License Fee |

☐ Signature and oath of applicant

☐ Money transmission license applicant individual background form

☐ Surety bond to operate money services business

☐ Money transmitter request for approval to maintain records at an out of state location

☐ Financial Statement and Related Worksheets